2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005082 1. Entity Name



May 05, 2003 8:00 am § Secretary of State 05-05-2003 91173 045 ****61.25

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ĤERE IF MAKING CHANGES		Principal Place of Business 1014 FLORIDA PARKWAY KISSIMMEE FL 34743		1014 FLORIDA PARKWAY				
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L Zip Code	Not Applicable Status Desired Stat	• The about	a named outily submits this statement for	r the number of changing its re	raintaged office or regist	torad agent or both in th		
FL Zip Code 34743	Country Zip Country Step			the purpose of changing its re	egistered office of regist	itered agent, or both, in the	le State Of Florida. Taffi farillia:	with, and accept
FL Zip Code 34743	Not Applicable Status Desired Stat	ı	0 2 4 10	D. 2011 > 6	HOC			
FL Zip Code 347 43 e of Florida. I am familiar with, and accept	Not Applicable Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	SIGNATURE	Signaura typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	4-16-63 DATE	
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FL Zip Code 3 Y 7 Y 3 e of Florida. I am familiar with, and accept L-18-03 DATE Make Check Payable to	Not Applicable Zip Country Secretificate of Status Desired \$8.75 Additional Fee Required Status Desired \$8.75 Additional Fee Required Street Address of New Registered Agent Name Supplicable Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) York (OC Penkway KISSIMMEE FL 34743 KISSIMMEE FL 34743 KISSIMMEE FL 34743 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to	10.		ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	RS IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

(408) 348-6731 04-18-02